



TOWN OF WESTFORD
BOARD OF HEALTH

TOWN HALL
55 Main Street
WESTFORD, MA 01886
(978) 692-5509 FAX (978) 399-2558

APPLICATION FOR SEPTAGE HAULER'S PERMIT

FEE \$75.00

In accordance with M.G.L. c.111, Section 31B and 310 CMR 15.502 (Title V), the undersigned makes application to the Board of Health for permission to remove and transport septage and the content of privies, cesspools, septic tanks, tight tanks, etc. as set forth below:

Name of Applicant _____

Name of Business _____

Business Address _____

Day Phone # _____ Night/Cell Phone # _____

List number and types of equipment and their capacity (in gallons):

List all locations where septage will be disposed of (include a copy of the contract or the approval for use of disposal location for each):

Are all vehicles/equipment used to remove, transport, and/or dispose of septage registered and insured (proof of which is required at time of inspection)? _____

Do all drivers/operators have a current, valid license (proof of which is required at time of inspection)? _____

I certify that the information I have provided above is true and accurate. I recognize that it is a violation of this permit to dispose of septage anywhere other than the identified disposal locations or others approved of the Board in writing as an amendment of this permit.

Social Sec #/Federal ID # _____

Signature of Applicant _____

Date _____

For Board of Health Use Only:

* Mobile tanks shall be securely mounted on trucks, shall be watertight, equipped with necessary odor controls, provided with a leak proof cover and tight discharge valves. _____

** Mobile tanks shall be provided with a vent that will permit the escape of gas, but not the liquid contents of the tank. _____

*** Suction or pressure hose shall be in good repair. _____

**** Pumps shall be maintained in a condition that will prevent the leakage of septage. _____

Comments: